

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
ATLAS Number: _____
Lawyer's Bar Number: _____

FOR CLERK'S USE ONLY

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

(1) _____
Petitioner in Original Case

(3) Case No. _____

(2) _____
Respondent in Original Case

(4) ATLAS No. _____

**ORDER STOPPING INCOME WITHHOLDING
ORDER (AND ALL MARICOPA COUNTY SUPPORT
ORDERS)
A.R.S. § 25-504**

To the employer(s) or other payor(s) of:

(5) Name: _____ SSN : _____

DO NOT WRITE BELOW THIS LINE. COURT PERSONNEL WILL COMPLETE THE FORM.

IT IS ORDERED stopping the *Income Withholding Order* dated (6) _____, with the same case number as in (3) above. The employer(s) or other payor(s) is/are ordered to stop withholding monies pursuant to the *Income Withholding Order* immediately upon receipt of this Order.

IT IS FURTHER ORDERED terminating all Maricopa County child support and/or spousal maintenance orders in this case number and declaring all child support and/or spousal maintenance orders fully paid and satisfied, including all past due support, arrearage judgments and interest.

IT IS FURTHER ORDERED that the Support Payment Clearinghouse shall release any monies currently in its possession and future monies received to the person ordered to pay, less any fees owed to the Clearinghouse.

Dated: _____

Judicial Officer